

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059074

1. Entity Name
SCHO-LAS-TI-CA ART INCORPORATED

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90082 039 ***150.00

Principal Place of Business

12187 SO. DIXIE HWY
PINECREST FL 33156

Mailing Address

12187 SO. DIXIE HWY
PINECREST FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0772287

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COSTA, WILLIAM S
12187 SO. DIXIE HWY
PINECREST FL 33156

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME COSTA, CARMEN L.Y.
STREET ADDRESS 19470 S.W. 87TH AVE.
CITY-ST-ZIP MIAMI FL 33157

TITLE M ☒ Change ☐ Addition
NAME COSTA, CARMEN L.Y.
STREET ADDRESS 12187 SOUTH DIXIE HWY
CITY-ST-ZIP PINECREST FL 33156

TITLE D ☐ Delete
NAME COSTA, WILLIAM S
STREET ADDRESS 19470 S.W. 87TH AVE.
CITY-ST-ZIP MIAMI FL 33157

TITLE M ☒ Change ☐ Addition
NAME COSTA WILLIAM S
STREET ADDRESS 12187 SOUTH DIXIE HWY
CITY-ST-ZIP PINECREST FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William S. Costa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUG 7 '00

(805)235-0511

Date

Daytime Phone #

CR2E034 (5/00)

Attachment
DOC.# P97000059074
A0072120

SCHO-LÁS-TI-CA ART

12187 S. DIXIE HIGHWAY
PINECREST, FLORIDA 33156
(305)235-0511

August 7, 2000

Dear Sir/Madam,

This letter serves to inform you that we sent a prior payment in the amount of \$150.00 to you during the third week of February 2000, for the uniform business report. For some reason, the check has not cleared the bank. Perhaps you did not receive it.

We are now including another check for \$150.00 for this, as per my conversation with your office this morning. We will be mailing it return receipt to ensure that you do receive it this time.

Thank you for your attention.

Sincerely,



William S. Costa